U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| The state of the s | | | | |
|--|--|--|--|--|
| 1. File Number U - 11/59 | 2. Fiscal Year Covered From: | | | |
| | 1 / 1 / 2004 Through: 12 / 31 / 2004 | | | |
| 3. Name and address of person filing. | Name, file number, and address of labor organization. | | | |
| Name Paul A Marquardt | Name United Association Plumbers local 34 | | | |
| | Labor Organization File Number 04/0/3 | | | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any | | | |
| Street 310 McKinzie Street | Street 411 Main Street # 215 | | | |
| City Mankato | City Saint Paul | | | |
| State Minnesota ZIP Code + 4 56001 | State Minnesota ZIP Code + 4 55102 | | | |
| 5. Position in labor organization. Executive Board | | | | |
| Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | | | | |
| 6. Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. | | | |
| Name | | | | |
| Trade Name, if any: | | | | |
| P.O. Box, Bidg., Room No., if any | 7.b. Amount. | | | |
| Street | 7.D. Allibuit. | | | |
| City | | | | |
| State ZIP Code + 4 | чентвання «чисков какон» об час провен част тити чистом «чисти». | | | |
| Signature | | | | |
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | | | |
| Signed Pal a Magney H | On 8/12/2005 612-747-0743 | | | |
| · · <i>y</i> | Date Telephone Number | | | |

| Name of Person Filing Paul Marquardt | | File Number U- | | |
|--|--|--------------------|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | | |
| 8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 9. Business deals with: a. Labor Organizat b. Trust c. Employer | | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealir | ig. | 10.; :====000000000000000000000000000000000 | |
| Name | | | TO THE PROPERTY OF THE PROPERT | |
| Trade Name, if any: | | | n opposition | |
| P.O. Box, Bldg., Room No., if any | | | | |
| finding the state of the state | | | | |
| Street | 11.b. Approximate dollar value | e of such dealing. | | |
| City | 12.a. Nature of interest held or income received. | | | |
| State ZIP Code + 4 | | | | |
| | 12.b. Amount. | | | |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | | | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | | | |
| pr. company water representations, whereas is interesting accompany water participates are company and | 2004 Annual Contra tournament | ctors Associatio | n Golf | |
| Name Minnesota Mechanical Contractors Association | | | A A A A A A A A A A A A A A A A A A A | |
| Trade Name, if any: | | | Podemini v v v v v v v v v v v v v v v v v v | |
| P.O. Box, Bldg., Room No., if any | | | | |
| Street 830 Transfer Road | | | AN ANSWERS AND STATE OF THE STA | |
| City Saint Paul | | | Turn to everywhend # | |
| State Minnesota ZIP Code + 4 55114 | | | | |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. | | \$199 | |